



<p>Subst. for form 1449/PTO SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> </p>				Complete if Known	
				Application Number	10/814,970
				Filing Date	03/30/2004
				First Named Inventor	K tttenstette
				Art Unit	2863
				Examiner Name	Cherry, Stephen J.
Sheet	1	of	1	Docket Number	56231-443 (MKS-138)

Examiner Signature		Date Considered	5-12-06 6042006
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

compliance and not considered. Please copy of this form will next communication to applicant.
1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English Language Translation Is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. Send to:
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